

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 19065380 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2		1				
3		1				
4		1				
5		1				
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	5					
TOTAL CLAIMS	10					

*	IND.	DEP.	*	IND.	DEP.	*
61						
62						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						